

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-870)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 10% INCREASE		AFTER 20% INCREASE	
	IN. NO.	DEP.	IN. NO.	DEP.	IN. NO.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10	1					
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24	1					
25						
26						
27						
28						
29						
30						
31	1					
32						
33						
34						
35						
36						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IN.	4					
TOTAL DEP.	35					
TOTAL	39					

	IN. NO.	DEP.	IN. NO.	DEP.	IN. NO.	DEP.
61						
62						
63						
64						
65						
66						
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95						
96						
97						
98						
99						
100						
TOTAL IN.						
TOTAL DEP.						
TOTAL						

BEST
AVAILABILITY
COPY